

**FIFTH OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

South Florida Reception Center

for the

Physical and Mental Health Survey
Conducted November 2-4, 2021

CMA STAFF

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Distributed on January 29, 2024

I. Overview

On November 2-4, 2021, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of South Florida Reception Center (SFRC). The survey report was distributed on December 7, 2021. In January 2022, SFRC submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days. Items II through V below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

Summary of CAP Assessments for South Florida Reception Center

| CAP # | CAP Assessment Date | Assessment Location | Total # Survey Findings | Total # Open Findings | Total # Findings Closed |
|--------------|----------------------------|----------------------------|--|--|--|
| 1 | 7/7/22 | Off-site | 60 39 Main Unit 21 South Unit | 39 29 Main Unit 10 South Unit | 21 10 Main Unit 11 South Unit |
| 2 | 10/28/22 | Off-site | 39 29 Main Unit 10 South Unit | 18 13 Main Unit 5 South Unit | 21 16 Main Unit 5 South Unit |
| 3 | 2/20/23 | Off-site | 18 13 Main Unit 5 South Unit | 15 10 Main Unit 5 South Unit | 3 3 Main Unit 0 South Unit |
| 4 | 8/4/23 | Off-site | 15 10 Main Unit 5 South Unit | 9 8 Main Unit 1 South Unit | 6 2 Main Unit 4 South Unit |
| 5 | 1/22/24 | Off-site | 9 8 Main Unit 1 South Unit | 3 3 Main Unit 0 South Unit | 6 5 Main Unit 1 South Unit |

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 3 physical health findings were corrected. All physical health findings are closed.

| Finding | Closed | Open: Evaluation of records indicated an acceptable level of compliance was not met | Open: No episodes were available for review | Open: Institutional monitoring was inadequate | Open: Institutional monitoring indicated compliance was not met |
|--|--------|---|---|---|---|
| <p><u>Tuberculosis Clinic</u> PH-13: In 1 record, there was no evidence that the monthly nursing follow-up was completed.</p> | X | | | | |
| <p>PH-14: In 2 records, there was no evidence that AST/ALT laboratory tests were completed as ordered.</p> | X | | | | |
| <p><u>Consultations</u> PH-17: In 9 of 13 applicable records, the consultation was not performed in a timely manner.</p> | X | | | | |

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 5 mental health findings were corrected. Three mental health findings will remain open.

| Finding | Closed | Open: Evaluation of records indicated an acceptable level of compliance was not met | Open: No episodes were available for review | Open: Institutional monitoring was inadequate | Open: Institutional monitoring indicated compliance was not met |
|---|---------------|--|--|--|--|
| <p><u>Self-Harm Observation Status</u> MH-1: In 1 record, the patient was not observed at the frequency ordered by the clinician.</p> | | X | | | |
| <p><u>Reception/Intake Process</u> MH-5: In 8 of 16 applicable records, psychotropic medications were not continued as ordered from the county jail without interruption.</p> | | X | | | |
| <p><u>Outpatient Mental Health Services</u> MH-7: In 14 records, the bio-psychosocial assessment (BPSA) was not completed as required.</p> | X | | | | |

| Finding | Closed | Open: Evaluation of records indicated an acceptable level of compliance was not met | Open: No episodes were available for review | Open: Institutional monitoring was inadequate | Open: Institutional monitoring indicated compliance was not met |
|---|---------------|--|--|--|--|
| MH-8: In 13 records, the Individualized Service Plan (ISP) was not completed as required. | X | | | | |
| <u>Psychiatric Medication Practices</u> MH-13: In 5 of 11 applicable records, the inmate did not receive medications as prescribed. | | X | | | |

IV. Mental Health Assessment Summary

A. South Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 mental health findings were corrected. All mental health findings are closed.

| Finding | Closed | Open: Evaluation of records indicated an acceptable level of compliance was not met | Open: No episodes were available for review | Open: Institutional monitoring was inadequate | Open: Institutional monitoring indicated compliance was not met |
|---|---------------|--|--|--|--|
| <u>Aftercare Planning</u> MH-7: In 7 records, aftercare plans were not addressed on the ISP for inmates within 180 days of end of sentence (EOS). | X | | | | |

V. Conclusion

Until appropriate corrective actions are undertaken by SFRC staff, and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site evaluation.